



## Annual Membership Automatic Recurring Billing Agreement

### Description of Membership

Membership runs annually with membership beginning the month of joining the Schaumburg Business Association. Renewals will automatically be billed each year on the 1<sup>st</sup> of the month that you joined the SBA.

### Frequency of Payments

Payments will be automatically charged to the credit card or bank account you provide below on the 1<sup>st</sup> of the month in which your membership renewal is due. No prior notice will be given but you will get an email informing you when the charge was made.

### Automatic Recurring Payment Failure

If any such credit card transactions should be declined by my card issuing bank as unpaid, I authorize, Schaumburg Business Association, to collect a declined credit card fee of \$25 from that same credit card when funds become available.

### Cancellation of Automatic Recurring Payment

You have the right to withdraw your consent to this Automatic Recurring Payment at any time. Please notify the Schaumburg Business Association in writing of your intention to cancel prior to payment being processed.

### Changing Automatic Recurring Payment

If you would like to change your Automatic Recurring Payment including, for example, making a change from one credit or debit card that was initially selected to another credit or debit card, you must authorize the recurring payment with the new credit or debit card by notifying the Schaumburg Business Association. Your new information will be implemented before the next billing cycle for your membership.

This agreement is not transferable.

### Agreeing to these Conditions

By providing my credit card or debit card, I AGREE that I have read and understand this Automatic Recurring Payment Agreement. In addition, I authorize the Schaumburg Business Association to charge \$ \_\_\_\_\_ on the 1<sup>st</sup> of the month in which my membership renewal is due. This authority will remain in effect until I give notification, as required under this agreement, to terminate the authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code